

State of Montana
Office of the State Public Defender
REQUEST FOR PRE-APPROVAL OF CLIENT COSTS
MENTAL HEALTH PROFESSIONAL

All client costs exceeding \$200 per task in each case must be pre-approved by submitting this request form to the appropriate person as follows:

- The Regional Deputy Public Defender in cases assigned to an FTE, or a non-conflict case assigned to a contract attorney
- The Training Coordinator in cases assigned to conflict attorneys
(Eric Olson, 610 N. Woody, Missoula MT 59802)
- The Chief Appellate Defender in appellate cases
(Jim Wheelis, PO Box 200145, Helena MT 59620)

Requesting Attorney's Name

Date

Case Name

OPD Case Number

Task Provider's Name

Requested Pre-Approval Amount

The assigned attorney is responsible for keeping the pre-approved costs within the pre-approved amount. If costs are anticipated to exceed the pre-approved amount, the task must be resubmitted for approval of a supplemental amount on a new form prior to incurring any additional costs. It is imperative for the requesting attorney to monitor costs expended to date so as not to delay the supplemental process.

Per Protocol, type of MH Professional involvement requested:

- ___ MH Professional Consultation
- ___ MH Professional Screening
- ___ MH Professional Evaluation (comprehensive evaluation)

Justification for task, referral questions and cost: _____

Next scheduled court appearance _____

Type and Estimated number of pages for Professional to review:

- ___ Legal documents (___ pages)
- ___ Medical Record (___ pages)
- ___ Other records requested and have not arrived to date

- I. Have you consulted with the OPD Mental Health Consultant regarding this request?
- ☐ Yes Date and time of consultation _____
- ☐ OPD MH Consultant has Reviewed and Concurs with request
- II. Have you completed the MH Referral Question Checklist?
- ☐ Yes ☐ Attached

Requesting Attorney Signature

Date

The Requesting Attorney must complete and forward this form to the appropriate person for approval (see page 1).

Authorized Signature ☐ Approve ☐ Deny

Date

(Regional Deputy Public Defenders: Complete the next section and submit to the Central Office for approval if the request equals or exceeds \$1000. The Chief Public Defender will review FTE attorney requests. The Contract Manager will review contract attorney requests.)

- III. I certify that I have reviewed the request which equals or exceeds \$1000; have explored alternative, financially responsible options with the requesting authority, and recommend that the request be ☐ Approved ☐ Denied

Authorized Signature

Date

For Central Office Use Only

Non-Conflict Requests Equal to or Exceeding \$1000

☐ Approve ☐ Deny

Contract Manager/Chief Public Defender

Date

NOTES TO PROFESSIONAL: (1) A *Memorandum of Understanding, Mental Health Professional* must be on file with OPD prior to commencing services. (2) **Immediately contact the referring attorney at the first indication that additional time is necessary to answer the referral question!** Supplemental approval must be provided for payment over and above the initial pre-approved amount. Justification must be provided regarding the specifics of what additional time spent on the case will entail.